

LUS Image Formation

Non-Convex Regularisation

Line Artefacts Detection

Experimental Analysis

Conclusions

Line artefact quantification in lung ultrasound images of COVID-19 patients using a non-convex regularization-based method

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GdR ISIS Diagnostic et pronostic pour la COVID-19 28 January 2021





## Outline

1 Introduction

2 LUS Image Formation

Introduction

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Non-Convex Regularisation

Line Artefacts Detection

Experimental Analysis

Conclusions

3 Non-Convex Regularisation

4 Line Artefacts Detection

5 Experimental Analysis



#### Introduction Pulmonary (Lung) disease

- ✓ Local to the lungs: Pneumonia, COPD, Lung Cancer.
- $\checkmark\,$  Manifesting themselves in the lungs: Kidney Disease, Tuberculosis, COVID-19.
- ✓ Causes death of +100.000 people/year in the UK.
- $\checkmark\,$  Somebody dies due to pulmonary diseases in the UK in every 5 minutes.
- $\checkmark$  The 3<sup>rd</sup> common death reason in the UK.



(FC: nih.gov)

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#### Introduction Lung Ultrasound and Line Artefacts

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LUS Image Formation

Non-Convex Regularisation

Line Artefacts Detection

Experimental Analysis

- $\checkmark$  Lung ultrasound (LUS) can help in assessing the fluid status of patients in intensive care
- ✓ LUS can be conducted rapidly and repeatably at the bedside, can reduce the need for CT scans (shorter delays, lower irradiation levels and cost)
- ✓ The common feature in all clinical conditions is the presence in LUS of a variety of line artefacts (e.g., pleural, A, B-lines).



(Karakus et al., IEEE Transactions on Ultrasonics, Ferroelectrics, and Frequency Control, 2020)



#### Introduction Detection and Quantification



(Smith et al., Anaesthesia, 2020)



LUS Image Formation

Non-Convex Regularisation

Line Artefacts Detection

Experimental Analysis





LUS Image Formation

Non-Convex Regularisation

Line Artefacts Detection

Experimental Analysis





**The Proposed Algorithm** 

## Introduction

LUS Image Formation

Non-Convex Regularisatio

Line Artefact

Experimental Analysis





## **Image Formation**

### Forward Model

- $\checkmark\,$  Radon transform of a LUS image
- $\checkmark~$  Speckle noise  $\rightarrow$  False peaks resulting from collinear noisy edge points

Introduction

LUS Image Formation

Non-Convex Regularisation

Line Artefacts Detection

Experimental Analysis

Conclusions



 $\checkmark~$  Solution: Exploiting the fact  $\rightarrow$  a small number of lines are to be detected



 $\checkmark X$  is sparse Radon information.



## **Image Formation**

### **Inverse Problem**

✓ Recalling the forward imaging model,

$$\hat{X} = \arg\min_{X} \left\{ F(X) = \Psi(Y, \mathcal{C}X) + \psi(X) \right\}$$

Introduction

LUS Image Formation

Non-Convex Regularisation

Line Artefacts Detection

Experimental Analysis

Conclusions

✓ Under the assumption of an *i.i.d* Gaussian noise,

$$\Psi(Y, \mathcal{C}X) = rac{\|Y - \mathcal{C}X\|_2^2}{2\sigma^2}$$

✓ Based on the prior density p(X), the problem of estimating X

$$\hat{X} = \arg\min_{X} \frac{\|Y - \mathcal{C}X\|_{2}^{2}}{2\sigma^{2}} \underbrace{-\log p(X)}_{\text{the penalty function, }\psi(X)}$$
(3)

(1)

(2)



Non-Convex Regularisation

## **Cauchy Proximal Splitting**

## Non-convex Cauchy-based Penalty

 $\checkmark\,$  The Cauchy distribution  $\rightarrow$  Prior Density (to promote sparsity)

$$p(X) \propto rac{\gamma}{\gamma^2 + X^2}$$
 (4)

✓ By replacing p(X) with the Cauchy prior, we obtain

$$\hat{x}_{\text{Cauchy}} = \arg\min_{x} \frac{\|y - \mathcal{A}x\|_{2}^{2}}{2\sigma^{2}} - \log\left(\frac{\gamma}{\gamma^{2} + x^{2}}\right).$$
(5)

### The Cauchy Proximal Splitting algorithm:

$$\boldsymbol{u}^{(i)} \leftarrow \boldsymbol{X}^{(i)} - \boldsymbol{\mu} \boldsymbol{\mathcal{C}}^{\mathsf{T}} (\boldsymbol{\mathcal{C}} \boldsymbol{X}^{(i)} - \boldsymbol{Y}), \tag{6}$$

$$X^{(i+1)} \leftarrow \mathsf{PROXCAUCHY}(u^{(i)}, \gamma, \mu).$$
 (7)

Thanks to  $PROXCAUCHY(\cdot) \rightarrow Convergence$  is guaranteed<sup>1</sup>.

<sup>1</sup> O. Karakuş et. al., "Convergence Guarantees for Non-Convex Optimisation With Cauchy-Based Penalties," in IEEE Trans. Signal Process., (68), 6159-6170, 2020



LUS Image Formation

Non-Convex Regularisation

Line Artefacts Detection

Experimental Analysis

Conclusions



Line Artefacts Detection Algorithm

Figure: Schematic view of the proposed line artefact detection algorithm.

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## **Evaluation on COVID-19 Patients\***

### **Detection Results**

Original

images

Ground truth

Proposed method (Karakus et

al. IEEE

TUFFC'20)

[Anantrasirichai et al, IEEE TMI'17]

Introduction

LUS Image Formation

Non-Convex Regularisation

Line Artefacts Detection

Experimental Analysis

Conclusions

\* COVID-19 LUS data and annotations have been provided by Prof. Stein Silva and Dr. Amazigh Aguersif (Service de Réanimation, CHU Purpan, Toulouse, France).

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## **Evaluation on COVID-19 Patients**

### Performance metrics for B-line quantification

| Performance<br>Metric                                   | The Proposed<br>Method | Anantrasirichai<br>et. al. |
|---|------------------------|----------------------------|
| % Detection Accuracy                                    | 87.349%                | 78.916%                    |
| % Missed Detection                                      | 5.422%                 | 13.855%                    |
| % False Detection                                       | 7.229%                 | 7.229%                     |
| Specificity   | 7.692%                 | 14.286%                    |
| Recall  | 94.118%                | 84.868%                    |
| Precision   | 92.308%                | 91.489%                    |
| F <sub>1</sub> Index                                    | 0.932                  | 0.881                      |
| F <sub>2</sub> Index                                    | 0.938                  | 0.861                      |
| F <sub>0.5</sub> Index                                  | 0.927                  | 0.901                      |
| LR+   | 1.020                  | 0.990                      |
| Area under curve (AUC)                                  | 0.963                  | 0.931                      |
| The average number of B-lines<br>(Ground Truth) = 1.520 |                        |                            |
| Average Detected B-lines                                | 1.550                  | 1.410                      |
| NMSE of number of<br>detected B-lines                   | 0.151                  | 0.243                      |

Introduction

LUS Image Formation

Non-Convex Regularisation

Line Artefacts Detection

Experimental Analysis

Conclusions

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LUS Image Formation

Non-Convex Regularisation

Line Artefacts Detection

Experimental Analysis

Conclusions

## **Evaluation on Children's Kidney Disease Patients**

### Original Image



#### Detection





## **Quantifying Line Artefacts - Case 1: B-lines**



LUS Image Formation

Non-Convex Regularisation

Line Artefacts Detection

Experimental Analysis







## **Quantifying Line Artefacts - Case 2: A-lines**



LUS Image Formation

Non-Convex Regularisation

Line Artefacts Detection

Experimental Analysis







## **Quantifying Line Artefacts - Case 3: Consolidation**



LUS Image Formation

Non-Convex Regularisation

Line Artefacts Detection

Experimental Analysis







## Conclusions

 $\checkmark$  LUS imaging plays an increasing role in evaluation of pulmonary disease patients.

- $\checkmark\,$  Applicability at the bedside and real time,
- ✓ Capability in assessing lungs status.

Introduction

LUS Image Formation

Non-Convex Regularisation

Line Artefacts Detection

Experimental Analysis



LUS Image Formation

Non-Convex Regularisation

Line Artefacts Detection

Experimental Analysis

Conclusions

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  - ✓ Applicability at the bedside and real time,
  - $\checkmark\,$  Capability in assessing lungs status.
- $\checkmark\,$  Line artefacts  $\rightarrow$  vital information on the stage and progression of the disease.
- ✓ Automatisation is crucial.
  - $\checkmark\,$  reducing the need for expert interpretation
  - $\checkmark$  benefit doctors, nurses, patients and their families alike



LUS Image Formation

Non-Convex Regularisation

Line Artefacts Detection

Experimental Analysis

Conclusions

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#### ✓ We proposed

- / a novel non-convex regularisation based line artefacts quantification.
- Radon transform base inverse problem formulation,
- Regularisation to promote linear features.
- $\checkmark$  Exploiting non-convexity whilst guaranteeing the convergence.



LUS Image Formation

Non-Convex Regularisation

Line Artefacts Detection

Experimental Analysis

Conclusions

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### ✓ We proposed

- $\checkmark\,$  a novel non-convex regularisation based line artefacts quantification.
  - Radon transform base inverse problem formulation,
- Regularisation to promote linear features.
- $\checkmark$  Exploiting non-convexity whilst guaranteeing the convergence.
- $\checkmark~$  Future work  $\rightarrow$  Fully Bayesian Analysis and Diagnosis Tool for Lung Disease.
- ✓ **Future work** → Uncertainty Quantification.

# Thank you for your time!

For questions please contact via email: adrian.basarab@irit.fr

For details of this work please see our TUFFC paper:

[1] O. Karakuş, et .al, "Detection of Line Artifacts in Lung Ultrasound Images of COVID-19 Patients Via Nonconvex Regularization," in IEEE TUFFC, Nov. 2020, doi: 10.1109/TUFFC.2020.3016092.

For Matlab Code:

[2] QuantLUS - CPS v1.0 https://doi.org/10.5523/bris.z47pfkwqivfj2d0qhyq7v3u1i.

